

HEROES, HEROES, EVERYWHERE!



DEN CHIEF/ BOY SCOUT REGISTRATION FORM

Date: _____

(Please PRINT legibly.)

Name: _____ Unit#: _____

Address: _____ Date of Birth: _____

City: _____ Zip: _____ Email: _____

What is your current rank in Boy Scouts? _____

What official leadership positions have you held? _____

Have you attended Den Chief training _____ J.L.T. training _____

WHAT SIZE SHIRT DOES YOUR SCOUT WEAR? (Please circle one.)

Youth: L Adult: S M L XL XX XXXL

Important Phone Numbers

First Guardian Name _____ Second Guardian Name _____

Home:() _____ Work:() _____

Cell/Pager:() _____ Sitter:() _____

In Case parents/guardian cannot be reached. Emergency Contact Numbers:

***Number must be relative/guardian closest to Day Camp**

Name: _____ Relationship: _____

Phone:() _____

Physician: _____ Phone:() _____

List any **health problems/conditions** that may physically or medically limit participation in camp activities or events:

Is there anyone who cannot pick up the Scout from Day Camp?

Name(s) _____

I CERTIFY THAT ALL THE ABOVE INFORMATION IS CORRECT AND CURRENT.

Name

Signature

Date

OVER

(Medical Form on other side.)